



4000 Jackson Avenue
Austin, Texas 78731
Telephone: (512) 374-5101 Facsimile: (512) 374-5110

See instructions on last page

GRANTEE'S REQUEST FOR FUNDS

1. FROM:

(Grantee)

(Business Address)

(City) (State) (Zip)

(Contact person and phone number)

2. Date Prepared: _____

3. Grant Number: _____

4. *Include all pertinent backup information for the amount of the request submitted. Are equipment purchases or contract services included in this request?*

Yes____ No ____

If yes, please attach invoices.

** Grant Payments will be delayed if Special Conditions and/or Progress Reports have not been satisfied.

5. These funds are requested to cover actual/anticipated expenditures for the period: _____ through _____.

6. ABTPA funds **Requested** and/or **Received** to date: \$ _____

7. See Item 7 on reverse side of form: ____/____/____ : \$ _____

8. Enter Cash Match Amount (if applicable) \$ _____

9. How much of the item 7 is ABTPA responsible for? \$ _____

10. Net (subtract item 9 from item 6) \$ _____

11. Amount requested (SEE BACK IF REQUESTING ADVANCE FUNDS) \$ _____

12. Enter Amount Requested \$ _____

13. Submitted by:

Printed name of Financial Officer

Signature

Title

INCOMPLETE REQUEST INFORMATION WILL NOT BE HONORED

TO BE COMPLETED BY ABTPA

Financial Approval:

This request is approved in the amount of: \$ _____

Initials

Program Manager Approval on Special Conditions/Invoices _____

INSTRUCTIONS TO GRANTEE

- Item 1.** Self-explanatory (please DO NOT write Financial Officer's home address).
- Item 2.** Self-explanatory.
- Item 3.** Self-explanatory.
- Item 4.** Self-explanatory (THIS QUESTION MUST BE ANSWERED).
- Item 5.** Period for which you are requesting reimbursement.
- Item 6.** Enter total funds requested and/or received since the beginning of the grant period to-date from ABTPA. (DO NOT INCLUDE THIS REQUEST)
- Item 7.** Enter total PROJECT expenditures (actual/accrued) from the beginning of the grant period to a cut-off date (NOT A PROJECTED DATE). This includes your local match.
- Item 8.** Enter the amount that ABTPA is responsible for, from the amount in item 7. ABTPA is responsible for a percentage of your total expenditures (example 100%, 75%, etc.). See your digest for the percentage applicable to your grant.
- Item 9.** Self-explanatory (this amount should not create idle funds on hand).
- Item 10.** Enter the amount of item 9. If requesting advance funds, please complete the worksheet below.

To determine the **MAXIMUM** amount you can request for ONE month in advance, please complete the following calculation. However, if you need more than the amount in step 7 below, you must justify the amount at the bottom of this page. Otherwise, your amount requested **WILL BE** reduced to the allowable amount.

- Step 1. Enter the amount in item 8 on the front page. \$ _____
- Step 2. Number of months from the beginning of the grant period through the cut-off date in item 7. # _____ months
- Step 3. Divide step 1 by step 2. This is your average monthly expenditure. \$ _____
- Step 4. Number of months from the beginning of the grant period through the advance month requested. # _____ months
- Step 5. Multiply step 3 by step 4. \$ _____
- Step 6. Enter the amount from item 6 on the front page. \$ _____
- Step 7. Subtract Step 6 from step 5. This is your allowable amount. Enter the amount in item 10 on the front page. \$ _____
- Item 11.** Enter total amount of cash match for project (if 20% match required, enter amount; if no match is required, go to next item)
- Item 12.** Self-explanatory.
- Item 13.** Enter amount from item 12.
- Item 14.** Original signature of Financial Officer is required. If there is a change in Financial Officer, or if an alternate must be designated, written notification is necessary from the authorized official. A sample signature of the new or alternate Financial Officer must be sent for our files.

USE THE SPACE BELOW TO JUSTIFY ANY AMOUNT THAT EXCEEDS STEP 7 ABOVE